

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA DIRECTIVE 99-050

November 10, 1999

INTERAGENCY BILLING RATES FOR FISCAL YEAR 2000

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides interagency billing rates for Fiscal Year (FY) 2000; and provides instructions for implementing necessary changes to the Department of Veterans Affairs (VA) Medical Care Cost Recovery (MCCR) billing program. **NOTE:** *This VHA Directive replaces VHA Directive 97-048.*

2. POLICY

a. VA has established the following revised interagency billing rates for use beginning October 1, 1999, and the Office of Management and Budget has published them in the Federal Register.

b. The primary source of data for calculating these rates is the VA Medical Care Appropriation Cost Distribution Report (CDR). All prosthetics costs assigned to VA inpatient and outpatient care, CDR 1000 and 2000 series accounts, **were** included in the calculation of the FY 2000 billing rates; therefore, separate, additional billing for such costs should **not** be made. Prosthetics costs assigned to non-VA outpatient care, CDR 4000 series accounts, were **not** included in the calculation of the FY 2000 billing rates; therefore, separate, additional billing of such costs for non-service-connected conditions **should** be made. Specific examples of the latter are Home Oxygen and ID Card Prosthetic Repair and Replacements.

c. The billing rates presented herein should not be used for locally developed VA-Department of Defense (DOD) sharing agreements. Rates for VA-DOD sharing agreements should be developed based on local costs.

d. When VA medical care or service is furnished to a beneficiary of another Federal agency, and that care or service is covered by an applicable local sharing agreement, then billing for that care or service will be according to the terms of the sharing agreement. When such medical care or service is not covered by an applicable local sharing agreement, then the billing rates set forth herein will be used.

e. When medical care or services for beneficiaries of other Federal agencies are obtained by VA from non-VA sources, charges to the other Federal agencies will be the actual amounts paid by VA for such care or services.

3. ACTION

a. Each VA health care facility will prepare billings, using the following rates, for inpatient and outpatient medical care furnished to beneficiaries of other Federal agencies on or after October 1, 1999. Corrected billings and/or refunds for services rendered on or after October 1, 1999, but billed using prior fiscal year billing rates, must be made.

b. Revised interagency billing rates, effective October 1, 1999, are as follows:

(1) VA Hospital Care, rates per inpatient day:

General Medicine	\$1,476
Neurology	\$1,757
Rehabilitation Medicine	\$974
Blind Rehabilitation	\$928
Spinal Cord Injury	\$885

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THIS VHA DIRECTIVE EXPIRES OCTOBER 1, 2000

Surgery	\$2,788
General Psychiatry	\$577
Substance Abuse (Alcohol and Drug Treatment)	\$308
Intermediate Medicine	\$446

(2) VA Nursing Home Care, rate per day:

Nursing Home Care	\$307
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(3) VA Outpatient Care, rates per visit or per prescription filled:

Outpatient Visit, including dialysis treatments and non-emergency dental visits	\$236
Emergency Dental Outpatient Visit and/or Treatment	\$140
Prescription Filled	\$35

c. Inpatient charges to other Federal agencies will be at the current interagency per diem rate for the type of bed section or discrete treatment unit providing the care.

d. Prescription Filled charge in lieu of the outpatient visit rate will be charged when the patient receives no service other than the Pharmacy outpatient service. This charge applies whether the patient receives the prescription in person or by mail.

e. Questions concerning the contents of this Directive should be referred to the VHA Chief Financial Officer (CFO) Revenue Office (174), VHA Headquarters, at 202-273-8210.

4. REFERENCE: Cost Distribution Report (CDR) Handbook, April 1996.

5. FOLLOW-UP RESPONSIBILITY: The Director, VHA CFO Revenue Office (174), is responsible for the contents of this VHA Directive.

6. RESCISSIONS: VHA Directive 97-048 is rescinded. This VHA Directive will expire October 1, 2000.

Thomas L. Garthwaite, M.D.
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